Name of Participant: Click or tap here to enter text. Preferred Name: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text. NDIS # Click or tap here to enter text.

Address: Click or tap here to enter text.

Contact Phone Number: Click or tap here to enter text. Email Address: Click or tap here to enter text.

Preferred Method of Contact: Click or tap here to enter text. Gender Identification: Click or tap here to enter text.

Current Plan Start Date: Click or tap here to enter text.

Current Plan End Date: Click or tap here to enter text.

Plan Nominee/Guardian Name: Click or tap here to enter text.

Plan Nominee/Guardian Contact Details: Click or tap here to enter text.

Emergency Contact or Next of Kin Details: Click or tap here to enter text.

|  |
| --- |
| **Please provide as much information as possible on the following topics:** |
| What is the person’s current situation?Click or tap here to enter text. |
| What are their NDIS goals?Click or tap here to enter text. |
| What are their support requirements?Click or tap here to enter text. |
| **What supports do you require from LAST?**[ ]  Daily Living Support:* Days of the week: Click or tap here to enter text.
* Amount of hours on each day: Click or tap here to enter text.

[ ]  Community Access Support:* Days of the week: Click or tap here to enter text.
* Amount of hours on each day: Click or tap here to enter text.

[ ]  Transport 🡪 how much budgeted each shift/week *(provide info)* Click or tap here to enter text.[ ]  Supported Independent Living 🡪 ratio required (*i.e. 1:1, 1:2 or 1:3)* Click or tap here to enter text.[ ]  Short Term Accommodation 🡪 ratio required (*i.e. 1:1, 1:2 or 1:3)* Click or tap here to enter text.* Date and time of commencement: Click or tap here to enter text.
* Date and time of cessation: Click or tap here to enter text.

[ ]  Medium Term Accommodation: * Date and time of commencement: Click or tap here to enter text.
* Date and time of cessation: Click or tap here to enter text.

[ ]  Other: *(add details)* Click or tap here to enter text. |
| NDIS Plan Management:[ ]  PACE [ ]  NDIS PRODA Service Booking required[ ]  Plan Managed: *(provider* *invoicing* *details)* Click or tap here to enter text.  |
| Details of their disability / impairment/s:Click or tap here to enter text. |
| Are there any **High Intensity Support** services required or being implemented? [ ]  No [ ]  Yes – add details:[ ]  Complex Bowel Care [ ]  Enteral Feeding Management [ ]  Severe Dysphagia Management[ ]  Tracheostomy Care [ ]  Urinary Catheter Care [ ]  Subcutaneous Injection Support [ ]  Complex Wound Care [ ]  Ventilation Support[ ]  Other: *(add details)* Click or tap here to enter text.Can a ***High Intensity Support Care Plan*** be provided for consideration? [ ]  Yes [ ]  No [ ]  N/A |
| Any medical diagnosis / conditions / co-morbidities?[ ]  No [ ]  Yes 🡪 Details: Click or tap here to enter text.  |
| Is medication administration or management required?[ ]  No [ ]  Yes 🡪 Details: Click or tap here to enter text.  |
| Any known allergies, sensitivities or reactions?[ ]  No [ ]  Yes 🡪 Details: Click or tap here to enter text.  |
| Special dietary / nutritional requirement? Swallowing difficulties / dysphagia?[ ]  No [ ]  Yes 🡪 Details: Click or tap here to enter text.  |
| Are any of the following health managements required?[ ]  Asthma Management [ ]  Epilepsy / Seizure Support [ ]  Diabetes Management [ ]  Advanced Mealtime Management [ ]  Stoma Care [ ]  Oxygen Management [ ]  Other: *(add details)* Click or tap here to enter text. |
| Is there any Mental Health diagnosis or history?[ ]  No [ ]  Yes 🡪 Details: Click or tap here to enter text.  |
| Is the person regulated under the Mental Health Act?[ ]  No [ ]  Yes 🡪 [ ]  Voluntary Order [ ]  Involuntary Order |
| Are there any restrictive practices in place or being implemented? [ ]  No [ ]  Yes – add details:[ ]  Containment [ ]  Seclusion [ ]  Mechanical Restraint [ ]  Physical Restraint [ ]  Chemical Restraint [ ]  Environmental Restraint 🡪 [ ]  2 Staff Required [ ]  Restricting access to object/sAdd details: Click or tap here to enter text. |
| Does the person display behaviours of concern/behaviours of harm? [ ]  No [ ]  Yes – add details:[ ]  Verbal aggression & abuse [ ]  Impulsive or dangerous behaviour[ ]  Physical aggression or assault [ ]  Withdrawn behaviour [ ]  Threats to/or self-harm [ ]  Socially inappropriate behaviour[ ]  Destruction of property [ ]  Sexual behaviour[ ]  Substance Abuser [ ]  Recent history of substance abuse[ ]  Other: *(add details)* Click or tap here to enter text.  |
| Is a ***Positive Behaviour Support Plan*** in place or being proposed?[ ]  No [ ]  Yes 🡪 Clinician Details: Click or tap here to enter text. Can a ***Positive Behaviour Support Plan*** be provided for consideration? [ ]  Yes [ ]  No [ ]  N/A |
| Has the person lived in SDA or Supported Accommodation previously? [ ]  No [ ]  Yes 🡪 Details: Click or tap here to enter text.  |
| If applicable, do they have the skills and ability to follow the House Rules?[ ]  Yes [ ]  No 🡪 Details: Click or tap here to enter text.  |
| Is there a history of substance abuse, including alcohol?[ ]  No [ ]  Yes 🡪 Details: Click or tap here to enter text.  |
| Are there any identified risks?[ ]  No [ ]  Yes 🡪 Details: Click or tap here to enter text.Can a ***Risk Assessment*** or ***Risk Management Plan*** be provided for consideration? [ ]  Yes [ ]  No |
| Is there a ***Transition Plan*** from a previous service that can be provided for consideration? [ ]  Yes [ ]  No |
| Is there a ***Functional Assessment*** or other type of report that can be provided for consideration? [ ]  Yes [ ]  No |
| Mobility Requirements?[ ]  No [ ]  Yes 🡪 Details: Click or tap here to enter text.  |
| Is there any informal support network?[ ]  No [ ]  Yes 🡪 Details: Click or tap here to enter text.  |
| Are there any cultural factors?[ ]  No [ ]  Yes 🡪 Details: Click or tap here to enter text.  |
| Is there existing community participation?[ ]  No [ ]  Yes 🡪 Details: Click or tap here to enter text.  |
| Is there any formal support network?[x]  No [ ]  Yes 🡪 Details: Click or tap here to enter text.  |
| List all known previous support history:Click or tap here to enter text. |
| Is a Public Guardian from OPG appointed by QCAT?[ ]  No [ ]  Yes 🡪 List all domains OPG makes decisions regarding: Click or tap here to enter text.  |
| Is The Public Trustee appointed by QCAT?[ ]  No [ ]  Yes 🡪 Provide Client Number: Click or tap here to enter text.  |
| Type of Centrelink Payment / Source of Income?Click or tap here to enter text. |
| Name of person providing the information on this form: Click or tap here to enter text.Title/Position: Click or tap here to enter text.Contact Phone & Email Address: Click or tap here to enter text.Referring Organisation: Click or tap here to enter text. |

**Assessment will occur based on the information provided.**

**If approved, progression to a Meet & Greet or Intake & Onboarding Meeting will occur.**

***Please return this completed form for consideration to:***

**Lisa-Marie.Morales@last.care**